	DEPARTMENT OF TRANSPORTATION DEDERAL RAILROAD ADMINISTRATION (FRA)  RAILROAD INJURY AND ILLNESS SUMMARY (Continuation Sheet)													OF No.: 2130-0500
1. Name of Rep								2. Alphabetic (	Code	3. Report Mon			oort Ye	
5a. 5b. 5c. Accident/Injury Number Day Time				ne	5d. Se. County State							5f. Type		5g. Age
			of I	Jay								Person/ Job Code		
5h. Drug/ Alcohol Test	5i. Injury Illness Code	5j. Physical Act		5k. Locatio	n	5l. Event	5m. Result	5n. Cause	50. Number of Days Away From Work	5p. Number of Days Restricted	5q. Exposure Hazmat	e to	Perm	nination or nanent sfer? (y/n)
5s. Narrative (	Up to 250 Char	racters)												
· ·		l FL	5e.		l ea						· ·	5f.		
5a. Accident/Injury Number		5b. Day			5d. County						5e. State	Type A Person/ Job Code		5g. Age
5h. Drug/ Alcohol Test	5i. Injury Illness	<b>5j.</b> Physical Act		5k. Locatio	m	51. Event	5m. Result	5n. Cause	50. Number of Days Away From Work	5p. Number of Days Restricted	5q. Exposure Hazmat	e to	Perm	nination or vanent sfer? (y/n)
	Code								FROM WOLK	Restricted			1 texts	MGA: Lycay
5s. Narrative (	Up to 250 Char	acters)												
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5a. Accident/Injury Number		5b. 5c. Day Time of Day		5d. County					/	State Type Person Job Co		de	5g. Age	
	1924					l =4								
5h. Drug/ Alcohol Test	5i. Injury Illness Code	5j. Physical Act		5k. Locatio	n	SI. Event	5m. Result	5n. Cause	50. Number of Days Away From Work	5p. Number of Days Restricted	5q. Exposure Hazmat	to.	Perm	nination or vanent sfer? (y/n)

5s. Narrative (Up to 250 Characters)